

**CHILD AND ADULT CARE FOOD PROGRAM**  
**Estimated Reimbursement Worksheet** for  
*Child Care Centers, Head Start Centers, Day Care Ministries,*  
*Outside School Hours Programs, and Adult Day Care Centers*

1. Using the current Income Guidelines, estimate how many of the participants enrolled in your program would be eligible for paid, reduced-price, and free meals.
2. Multiply the number of each category by the number of days open (i.e. the number of participants eligible for free benefits multiplied by the number of days open will be the **estimated** number of free meals per month). Use these numbers in the total number of meals column for each meal type (i.e. breakfast, lunch, snack).
3. Using the current Rate of Reimbursement, fill in the chart below in the rate column.
4. Multiply the reimbursement rate by the number of meals served; enter figure in the meal reimbursement column.
5. In addition, cash-in-lieu reimbursement for the total number of lunches and suppers served will be added.
6. Combine meal totals with the cash-in-lieu total to determine the estimated monthly reimbursement.

MEAL TYPE	TOTAL # MEALS	RATE	MEAL REIMBURSEMENT	TOTAL
Free Breakfast		1.62		
Reduced Breakfast		1.32		
Paid Breakfast		.28		
<b>BREAKFAST TOTAL</b>				(a)
Free Lunches/Suppers		2.98		
Reduced Lunch/Suppers		2.58		
Paid Lunches/Suppers		.28		
<b>LUNCH/SUPPER TOTAL</b>				(b)
Free Supplements		.82		
Reduced Supplements		.47		
Paid Supplements		.07		
<b>SUPPLEMENT TOTAL</b>				(c)
<b>Cash-in-lieu: Total Number of <u>Lunches and Suppers served</u></b>		.2475		(d)
<b>GRAND TOTAL OF CACFP REIMBURSEMENT FOR THIS MONTH: Meal Totals plus Cash-in-lieu</b>				a + b + c + d =